

WIA Training Services Waiver Request Coversheet

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|--|--|---------------------------------------|--|
| 1. DATE SUBMITTED: | | 2. DATE RECEIVED BY THE STATE: | |
| CONTACT INFORMATION | | | |
| 3. NAME: | | 4. WORKFORCE DEVELOPMENT AREA: | |
| 6. TITLE: | | 7. EMAIL: | |
| 8. PHONE: | | 9. FAX: | |
| PROGRAM INFORMATION | | | |
| 10. PROGRAM OF TRAINING SERVICES TO BE PROVIDED: | | 11. TYPE OF TRAINING: | |
| | | 12. LENGTH OF TRAINING: | |
| 13. TRAINING OFFERINGS AND DATES: | | | |
| 14. TRAINING CAPACITY: | | 15. EXPECTED ENTRY LEVEL WAGE: | |
| 16. COST PER PARTICIPANT: | | 16. COST PER PARTICIPANT: | |
| CERTIFICATION AND SIGNATURES | | | |
| I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION CONTAINED IN THIS REQUEST FOR A TRAINING WAIVER IS ACCURATE AND COMPLETE. | | | |
| 17. TYPED NAME OF CHIEF LOCAL ELECTED OFFICIAL: | | 18. TELEPHONE NUMBER: | |
| 19. SIGNATURE OF CHIEF LOCAL ELECTED OFFICIAL: | | 20. DATE SIGNED: | |

Instructions for Completing WIA Training Services Coversheet

1. Date Submitted: Enter the date the training waiver request packet is mailed.
2. Date Received by the State: LEAVE BLANK, DO NOT ENTER ANYTHING.

Contact Information

3. Name: Enter the name of the individual who is responsible for the training waiver request.
4. Workforce Development Area: Enter the name and number of the WDA.
5. Address: Enter the address for the individual named in #3.
6. Title: Enter the title of the individual named in #3.
7. Email: Enter the email address of the individual named in #3.
8. Phone: Enter the phone number of the individual named in #3.
9. Fax: Enter the Fax number of the individual named in #3.

Program Information

10. Program of Training Services to be Provided: Provide a brief description of the training program.
11. Type of Training: Enter the type of training from the list in WIA Sec. 134(d)(4)(D).
12. Length of Training: Enter the length of time it takes to complete the training program.
13. Training Offerings and Dates: Enter the number of times the training will be offered and the dates for each session.
14. Training Capacity: Enter the number of individuals who can be trained.
15. Expected Entry Level Wage: Enter the wage the training participant can expect to earn upon completion of the training.
16. Cost Per Participant: Enter the amount expected to be expended per participant to deliver the training.

Certification and Signatures

17. Typed Name of Chief Local Elected Official: Type in the name of the CLEO.
18. Telephone Number: Enter the CLEO's telephone number.
19. Signature of Chief Local Elected Official: Original signature of the CLEO.
20. Date Signed: Enter the date the CLEO signed the Waiver Request Coversheet.

Submit 5 copies of the Waiver Request Packet to:

Ramon Natera, Grants Specialist
Division of Workforce Solutions
P.O. Box 7972, Room A200
Madison, WI 53707

The Training Waiver Request Packet must include:

1. A completed Waiver Request Coversheet (Attachment A).
2. An application to provide training narrative which includes the following:
 - a) Evidence that the WDB is an eligible provider of training services,
 - b) A description of the training program, including:
 - i. projected numbers to be served,
 - ii. duration of training,
 - iii. period of time the training will be available,
 - iv. number of times the training will be offered,
 - v. expected outcomes,
 - vi. skills needed,
 - vii. skills developed,
 - viii. training curriculum, and
 - ix. target population.)
 - c) Documentation that there are insufficient numbers of eligible training providers and a description of the process utilized to gather the documentation.
 - d) Demand occupation information, and
 - e) A description of the public comment process.

3. Modification to the local plan, if needed.
4. Copies of the letter and published notice used to notify of public comment opportunity.
5. Copies of public comments.